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their sexual power begins to decline. Drinkers are especially prone to delusions of persecution, with approaching impotence.

*Ueber die psychischen Störungen des Klimakteriums.* Inaug. Diss. J. BRÜHL. Würzburg, 1887.

Several new cases are well studied, and the views commonly held are carefully presented. The author takes a too gloomy view of the effects of the menopause upon sanity. Psychoses that originate in the involution period are more likely to be malign than otherwise, and mental alienation of the climacteric constitutes a very dangerous crisis. If predisposition, and especially if incipient disturbance exists, the prognosis is very bad.

*Beitrag zur Kenntniss der Inactivitätsatrophie der Muskelfaser.* Inaug. Diss. B. STEINERT. Würzburg, 1887.

One day, after section of the motor nerve roots, the cross section of the gastrocnemius and sartorius muscles of the frog, measured with many precautions and in many specimens, was found increased, and also their weight increased. Their dry weight, however, was found to be reduced. The same seemed to be the case with the single muscle fibres. It thus appears that the first stage of atrophy of muscle fibres due to inaction is marked by an imbibition of water, thought to be due to loss of capillary tonicity. After two or three days permanent shrinkage of the muscle begins. The same results were obtained with rabbit muscles.

*Fünf Fälle von Tumor Cerebelli.* Inaug. Diss. M. SCHOMERUS. Göttingen, 1887.

In a digest of the literature which follows the account of the cases, it appears that out of 204 cases thus far described, but 60 have felt dizziness, which is thought to be so characteristic a symptom of cerebellar disease. Out of 364 cases, 260, or 71 per cent, have suffered from headache; about 49 per cent suffer from nausea; 33 per cent from amblyopia and amaurosis; 4 per cent from astigmatism, and 15 per cent from aphasia. The fact is that the cerebellum can no longer be regarded as exclusively an organ of co-ordination. From tumors topical diagnosis cannot be made on account of intercranial pressure. The cerebellar ataxia, so fully described by Nothnagel as highly characteristic, is often wanting.

*Ein Beitrag zur Kenntniss des Paralysis Agitans.* Inaug. Diss. E. LANTZIUS-BENINGA. Göttingen, 1887.

Paralysis agitans, shaking palsy, sclerotyrlle festinans, or chorea procussiva, is a neurosis without demonstrable anatomical lesion, which Charcot and his pupil Ordenstein have studied with precision, and describe as peculiar tremor of voluntary muscles which ceases in sleep, and progressive weakness of muscles and other attendant symptoms. The right arm is by far most often attacked. Psychic excitement of all sorts increases it, and it often hinders falling to sleep. Fourteen cases are well, but not fully described.

*Ein Fall von Aphasie und ein Fall von Aphasie mit Agraphie nach traumatischer Läsion der linken Grosshirn-hemisphäre.* Inaug. Dis. TH. HEINEMANN. Würzburg, 1887.

A wood-chopper, aet. 30, and right-handed, received a severe blow on the left side of his head and became completely aphasic and persistently wrote from right to the left. His writing vocabulary was reduced to a few words, but after many efforts for many successive days he could write only "mirror script." This was written fairly well, but attempts to write normally produced only vain movements of the pencil. Slowly, after great labor, he reacquired the power to write normally. At the end of about two months he wrote and spoke about as well as before the injury. This is noteworthy as one of the best cases of "mirror script" in literature.

*Vergleichende Uebersicht der Classificationen der Psychosen.* Inaug. Dis. A. OEBBECKE. Strassburg, 1886.

This is a convenient conspectus of the more important systems of classifying mental diseases which have been prepared since the time of Esquirol and Griesinger. The methods of classification are themselves classified as unsystematic enumerations of clinical types (Plater, Kraepelin); types based on the course of disease, in which typic, progressive, and atypic are distinguished (Arndt); psychological (Erlenmeyer, Stark, who called all forms hyper or para states, and Keiser, with his receptive, active, and tranquil states) (Heinroth, Richarz, Griesinger); physical-anatomical (Lorry, Groos, Singowitz, and Meynert, who use circulating changes as an important factor); systems resting on the forms of morbid diathesis (Langermann, Jacobi, Morel); etiological (Skæe), and with greater freedom of combination (Bucknill and Wille); anthropological, with especial account of the stage of development (Tuke, Schüle, Morselli, Krafft-Ebing); systems based on typical morbid elements (Guislain, Baillarger, Weiss). The individual morbid types introduced by each writer are also adduced.

## V.—ANTHROPOLOGICAL.

*Genie und Irrsinn, in ihren Beziehungen zum Gesetz, zur Kritik und zur Geschichte.* C. LOMBROSO, Professor an der Universität Turin. From the Italian by A. Courth. Nos. 2313 to 2316 of Reclam's "Universal-Bibliothek." Leipzig, 1887. 12mo, 434 pp.

The question of the relations of genius and insanity is not a new one. Apart from the literary references found in ancient as well as modern writers, the French alienists, particularly Moreau de Tours, discussed the topic, giving currency to the notion that genius is a neurosis, diverging in several directions from the normal activity of the mind. Radestock, Sully, and others have reviewed the evidence in favor of this conclusion, aiming to further differentiate the type of genius that is allied to the morbid from the genius that is the product of superior brain activity, while Prof. Dilthey strongly antagonizes this entire conception of the great man. Dr. Lombroso (the author of the classic work upon the psychology of the criminal classes) contributes the most comprehensive study of this question that we possess. His point of view is very definite, holding that